

APPENDIX A

ADDITIONAL INFORMATION

1. UI HEARING OFFICE AND LIRC ADDRESSES & TELEPHONE NUMBERS
2. "PROS & CONS" OF TELEPHONE HEARINGS

ADDRESSES & TELEPHONE NUMBERS

UI HEARING OFFICES

Eau Claire Hearing Office

715 S. Barstow St., Suite #1
Eau Claire, WI 54701
(715) 836-6567
Fax: (715) 836-1360

Fox Valley Hearing Office

2900 N. Mason St., Suite B

After July 2, 2001

926 N. Westhill Blvd.

Appleton, WI 54914
(920) 832-2769
Fax: (920) 832-5434

Madison Hearing Office

1801 Aberg Ave., Suite A
Madison, WI 53707
(608) 242-4818
Fax: (608) 242-4813

Milwaukee Hearing Office

819 N. 6th Street, Room 382
Milwaukee, WI 53203
(414) 227-4865
Fax: (414) 227-4264

LABOR AND INDUSTRY REVIEW COMMISSION

LIRC

P.O. Box 8126
Madison, WI 53708-8126
(608) 266-9850
Fax: (608) 267-4409

INFORMATION ABOUT APPEAL HEARINGS BY TELEPHONE

General Information

If you or the other party in your case appeal the initial determination you received, either an in-person hearing or a telephone hearing will be scheduled. A telephone hearing is one at which one or both parties participate by telephone. It is not a telephone hearing if only one or more witnesses participate by telephone.

Parties can request that they be allowed to participate by telephone. However, a telephone hearing may be scheduled even if neither party has asked for one. Also, an in-person hearing may be scheduled even if a telephone hearing has been requested. The department will determine if a telephone hearing is suitable in your case.

The department will presume that a telephone hearing is suitable if:

- a. A party is located 40 miles or more from the hearing site, or
- b. Two or more parties are involved and all of the parties have timely requested a telephone hearing in writing after receiving information to consider about telephone hearings.

This does not mean that a telephone hearing will always be scheduled in these cases. **The department may still decide that a telephone hearing is unsuitable.** These are also not the only times a telephone hearing will be scheduled. A telephone hearing may be scheduled for other reasons too.

Things to Think About Before Requesting a Telephone Hearing

There are advantages and disadvantages to telephone hearings. You must decide for yourself whether you think a telephone hearing would work in your case. Things you should consider before requesting a telephone hearing:

- A telephone hearing may be more convenient.
- There is no travel time required & you will not have to arrange for transportation if you have a telephone hearing.
- A telephone hearing may take longer, but may not take longer than an in-person hearing plus travel.
- There may be equipment problems during a telephone hearing (such as: people sometimes have trouble hearing during a telephone hearing, or get cut off.)
- While you will still have to arrange for child care, you may not need child care for as long when you have a telephone hearing since there is no travel time involved.
- Some people do not get as prepared for a telephone hearing which may hurt their case.
- While parties are supposed to exchange exhibits before a telephone hearing, someone may not have seen them all. This may prevent your use of the exhibit, delay your hearing or require that it be rescheduled.
- You must remember to have the exhibits with you at your telephone hearing. Some people lose or misplace them.
- It may be hard to work with a large number of exhibits during a telephone hearing, & it may be harder to tell which exhibits are being referred to during a telephone hearing.
- The judge can prevent the "coaching" of those participating during an in-person hearing.
- There must be enough telephone extensions for all participants to be listening at the same time during a telephone hearing.
- It may be harder for the judge to assess a participant's credibility during a telephone hearing.
- You will need to have a phone in a quiet location, without interruptions.
- Working parties & witnesses participating by telephone may miss less work in order to participate.
- Parties will not meet face to face in a telephone hearing.

Requesting a Telephone Hearing

If you are appealing the initial determination and want the department to presume that a telephone hearing is suitable, you **must** request a telephone hearing when you file your appeal. If you are notified that the other party in your case has appealed the initial determination and you would like the department to presume that a telephone hearing is suitable, you **must** send a written request for a telephone hearing and it **must** be received or postmarked within 5 business days of the day on which the department mailed you the notice that an appeal has been filed. You should give the reasons you want a telephone hearing in your request. Although telephone hearings may be granted if you make your request at other times, you must make your request by these deadlines in order for the department to presume that a telephone hearing is suitable.

If you are scheduled for a telephone hearing, you can still attend in person. If you are going to appear in-person, you should call the hearing office at least 48 hours before the hearing. For more information about telephone hearings, you can read administrative rule DWD 140.11. Administrative rules are available at public libraries, law libraries, website www.dwd.state.wi.us/ui/law.htm or from the Unemployment Insurance Division of the Department of Workforce Development.

UCL-10252-P (R.02/98)

APPENDIX B

FORMS

1. NOTICE OF HEARING

- A. FORM UCL-4616 - HEARING NOTICE (for in-person hearing)
- B. FORM UCL-5801 - TELEPHONE HEARING NOTICE

2. FORM UCB-474 - MEDICAL REPORT TO DETERMINE UNEMPLOYMENT INSURANCE ELIGIBILITY

3. Labor market conditions report

4. UI DRUG TESTING REPORT

PART I - UI DRUG REPORT: OBTAINING AND SEALING THE SPECIMEN (Certification of the person taking the specimen)

PART II - UI DRUG REPORT: PERFORMING THE DRUG TEST ANALYSIS (Certification of the laboratory's performing the analysis)

MADISON HEARING OFFICE
1801 Aberg Ave., Suite A
P.O. Box 7975
Madison, WI 53707-7975
Telephone: (608) 242-4819
Fax: (608) 242-4813

HEARING NOTICE

State of Wisconsin
Department of Workforce Development
Unemployment Insurance

FORM F

Date Mailed:

HEARING NO.

Mailed to:

In the matter of:

Employee:

B.C. & S.S. No.
vs.

Employer:

UI Account No.

This is your **HEARING NOTICE**. An unemployment insurance hearing will be held in the above case

on:

(Central Time)

at:

The following issue(s) may be covered:

BRING THIS NOTICE WITH YOU TO THE HEARING AS IT CONTAINS SITE INSTRUCTIONS.

YOU ARE TO APPEAR IN PERSON AT THE ABOVE LOCATION FOR THIS HEARING. Parties are expected to arrive on time.

Be sure to read the above "Important Message(s)," if any. Also, review the pamphlet "Attending a UI Hearing."

The employee should continue to file weekly claim certifications while this matter is pending.

READ OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION

Notice also mailed to:

READ THESE INSTRUCTIONS CAREFULLY
YOU ARE TO APPEAR IN PERSON FOR THIS HEARING

- PARTICIPATION:** Arrive at the hearing location prior to the scheduled hearing time.
- If you are the appellant listed on the reverse side, your appeal may be dismissed if you do not appear at the hearing location within 15 minutes of the start time.
 - If you are the respondent listed on the reverse side, the hearing will begin without you if you fail to appear within 5 minutes of the start time.
 - If you are an interested party, neither the appellant nor respondent, your testimony is needed for this issue.
 - Bring any documents relating to this case to the hearing.

If there are unforeseen delays, you will be expected to wait for this hearing to begin.

If you will be represented by an attorney or agent, and they are not listed under "Notice also mailed to" on the reverse side, it is **your responsibility** to immediately inform that representative of the date, time, and location of this hearing. If you have any witnesses, it is also **your responsibility** to inform them of the date, time and location of the hearing. Your witness(es) should attend in person.

REPRESENTATIVES: If you received this form because you are registered with the UI division as the official representative, it is **your responsibility** to inform your client of the date, time and location of the hearing if they are not listed on the reverse side under "Notice also mailed to."

- WITHDRAWAL:** Only the appellant may withdraw an appeal. A withdrawal means that the determination remains in effect. The withdrawal should include the hearing number which appears in the gray shaded area on the reverse side of this Notice. To withdraw, the appellant can choose one of the three options listed below:
- Complete and return the enclosed postage-paid postcard; or
 - Fax a withdrawal to the hearing office listed on the reverse side; or
 - Telephone the hearing office listed on the reverse side.

POSTPONEMENTS: Postponements are not granted for the mere convenience of the parties, their representatives or witness(es). All participants are expected to arrange time off from everyday affairs, including management duties, work, school, vacation, doctor appointments, etc.

INTERPRETER: The hearing office requires the use of its own official interpreters (sign or language) during the hearing. The hearing office provides the interpreter at no cost. If a participant uses or needs an interpreter, contact the hearing office immediately.

SPECIAL NEEDS: Not all hearing locations may be handicapped accessible. If a participant has any special needs or requires a disability accommodation(s), contact the hearing office immediately.

ADDITIONAL INFORMATION: Review the pamphlet, "*Attending a UI Hearing.*" If you have questions, contact the hearing office.

This hearing is your only opportunity to present documents and testimony as evidence in this case. Any future review of this case is based upon the record made at this hearing.

800010 (R) 5/15/88

(Back of Form UCL-4616)

MADISON HEARING OFFICE
1801 Aberg Avenue, Suite A
P.O. Box 7975
Madison, WI 53707-7975
Telephone: (608) 242-4819
Fax: (608) 242-4813

HEARING NOTICE

State of Wisconsin
Department of Workforce Development
Unemployment Insurance

T

FORM F

Date Mailed:

HEARING NO.

Mailed to:

In the matter of:

Employee:

B.C. & S.S. No.

Phone No.

vs.

Employer:

UI Account No.

Phone No.

This is your **HEARING NOTICE**. An unemployment insurance hearing will be held in the above case

on:

(Central Time)

at:

the following issue(s) may be covered:

READ AND FOLLOW THE ABOVE "IMPORTANT MESSAGE(S)" AS TO HOW YOU ARE TO PARTICIPATE IN THIS HEARING. If that message informs you to appear in person, rather than by telephone, **BRING THIS NOTICE WITH YOU TO THE HEARING AS IT CONTAINS SITE INSTRUCTIONS.**

Review the pamphlet, "ATTENDING A UI HEARING."

The employee should continue to file weekly claim certifications while this matter is pending.

READ OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION

Notice also mailed to:

READ THESE INSTRUCTIONS CAREFULLY

Also, READ THE IMPORTANT MESSAGES PRINTED ON THE REVERSE SIDE
as to how you are to participate (testify) in this hearing.

- PARTICIPATION:**
- If you are the appellant listed on the reverse side, your appeal may be dismissed if you cannot be reached or do not appear in person within 15 minutes of the start time.
 - If you are the respondent listed on the reverse side, the hearing will begin without you if you cannot be reached or do not appear within 5 minutes of the start time.
 - If you are an interested party, neither the appellant nor respondent, your testimony is needed for this issue.
 - Be sure to have ALL documents with you to refer to during the hearing. Immediately send any other documents you want considered as potential exhibits to the hearing office and all other parties (see FORM C for addresses).

If there are unforeseen delays, you will be expected to wait up to one hour for this hearing to begin.

If you will be represented by an attorney or agent, and they are not listed under "Notice also mailed to" on the reverse side, it is your responsibility to immediately inform that representative of the date, time and location of this hearing. If you have any witness(es), it is also your responsibility to inform them of the date, time and location of the hearing.

- REPRESENTATIVES:** If you received this form because you are registered with the UI division as the official representative, it is your responsibility to inform your client of the date, time and location of the hearing if they are not listed on the reverse side under "Notice also mailed to."

- WITHDRAWAL:** Only the appellant may withdraw an appeal. A withdrawal means that the determination remains in effect. The withdrawal should include the hearing number which appears in the gray shaded area on the reverse side of this Notice. To withdraw, the appellant can choose one of the three options listed below:
- Complete and return the enclosed postage-paid postcard; or
 - Fax a withdrawal to the hearing office listed on the reverse side; or
 - Telephone the hearing office listed on the reverse side.

- POSTPONEMENTS:** Postponements are not granted for the mere convenience of the parties, their representatives or witnesses. All participants are expected to arrange time off from everyday affairs, including management duties, work, school, vacation, doctor appointments, etc.

- INTERPRETER:** The hearing office requires the use of its own official interpreters (sign or language) during the hearing. The hearing office provides the interpreter at no cost. If a participant uses or needs an interpreter, contact the hearing office immediately.

- SPECIAL NEEDS:** Not all hearing locations may be handicapped accessible. If a participant in the hearing is to appear in person and has any special needs or requires a disability accommodation(s), contact the hearing office immediately.

- ADDITIONAL INFORMATION:** Review the pamphlet, "*Attending a UI Hearing.*" If you have questions, contact the hearing office.

This hearing is your only opportunity to present documents and testimony as evidence in this case. Any future review of this case is based upon the record made at this hearing.

U00009 (05/18/99)

UCB-474 MEDICAL REPORT TO DETERMINE UNEMPLOYMENT INSURANCE (UI) ELIGIBILITY

Name		Return to	
Social Security Number	Hearing No.		
Date Sent	Date Due	Phone Number	Fax Number

CLAIMANT'S AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

The purpose of this release is to resolve an UI eligibility claim which would involve sharing this information with department personnel and parties involved in the disputed claim. I hereby request and authorize (**claimant must print treating Health Care Professional's name and address**) _____

to release to the Department of Workforce Development specific information requested on this form together with any supporting documentation or reports from my medical record. I further understand that the information disclosed may include reference to or treatment of alcohol/drug use or mental illness. **This authorization will remain in effect unless I revoke it by written notification.**

Claimant's signature _____ Date _____

TREATING HEALTH CARE PROFESSIONAL'S REPORT

Complete any subsequent sections marked ☒ and the Certification section.

☒ **I. MEDICAL HISTORY**

- A. The claimant was under my care from _____ to _____ AND/OR was most recently seen by me on _____.
- B. Diagnosis: _____
- C. Diagnosis was based on (check all that apply): ☐ Examination ☐ Claimant's Statement ☐ Other (specify) _____

☐ **II. SUBSTANCE ABUSE AND MENTAL ILLNESS** (Check all that apply).

- ☐ Alcohol Abuse ☐ Drug Abuse ☐ Mental Illness
- A. Explain how the condition affects the claimant: _____
- B. Was the claimant required to take medication(s) to control the condition(s)? ☐ Yes ☐ No
Medication(s) side effects: _____
- C. Did the claimant request to seek admission to a substance abuse or mental treatment facility? ☐ Yes ☐ No
Was the claimant advised to seek admission? ☐ Yes ☐ No
If no, please explain: _____
- If yes, was the claimant admitted for treatment? ☐ Yes ☐ No
This treatment was: ☐ Inpatient (Dates): _____ AND/OR ☐ Outpatient (Dates): _____
- D. In your opinion, can the claimant abstain from the use of alcohol and/or drugs? (Please explain:) _____

☐ **III. ABILITY TO PERFORM SPECIFIC DUTIES**

- A. Was the claimant able to perform the following work: _____
as of ____? ☐ Yes ☐ No
- B. Was the claimant advised to seek other work? ☐ Yes ☐ No If yes, date advised? _____
- C. What type of work was the claimant recommended to seek? _____

☐ **IV. GENERAL ABILITY TO WORK**

As of _____ was the claimant able to work?

(Check all that apply)

- ☐ No. Claimant cannot work due to the medical condition(s) **reported on this form.**
- ☐ Yes. Claimant may work, but must limit the activities and/or hours of work. (**COMPLETE SECTION V.**)
- ☐ _____ is the date the claimant was/will be able to return to full-time (35 or more hours per week) work without restrictions.
- ☐ Yes. Claimant is able to work full time **without** restrictions.

☒ **V. RESTRICTIONS**

A. Check one of the following classifications of work that the claimant is able to perform:

- ☐ **Sedentary Work.** If the claimant is restricted to lifting, carrying, pushing or pulling less than 10 pounds, **or** is required to sit most of the time and can only walk or stand occasionally, then s/he is available for sedentary work only.
- ☐ **Light Work.** If the claimant is restricted to lifting, carrying, pushing or pulling not more than 20 pounds occasionally, and/or to 10 pounds frequently; **or** is not to walk or stand to a significant degree, but is suppose to sit most of the time, then s/he is available for light work only. If the claimant cannot use arm or leg motions, or use a hand or a foot to a significant degree, then the claimant is available for light work.
- ☐ **Medium Work.** If the claimant is restricted to lifting, carrying, pushing or pulling not more than 50 pounds, and/or is restricted to 20 to 50 pounds occasionally; then s/he is available for medium work. A claimant who is available for medium work would have no restrictions regarding walking or standing.
- ☐ **Heavy Work.** If the claimant is restricted to lifting, carrying, pushing or pulling not more than 100 pounds, and/or is restricted to 25 to 50 pounds frequently; then s/he is available for heavy work. There would be no restrictions regarding walking or standing.
- ☐ **Very Heavy Work.** There are no restrictions regarding very heavy work.

Check all categories of activities that apply to the claimant

ACTIVITY	MUST BE	CAN PERFORM OCCASIONALLY 1 to 33%	CAN PERFORM FREQUENTLY 34 to 67%	NO RESTRICTIONS
	AVOIDED			
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>

ACTIVITY (degree of ability)

- Balancing ☐ Must not be relied on ☐ No restrictions
- Reaching ☐ Must not extend hand and arms ☐ Limited to 1/3 normal reaching ability
- ☐ Limited to 2/3 normal reaching ability ☐ No restrictions
- Fingering (picking, pinching,
Or fingering activities) ☐ Must be avoided ☐ Limited to 1/3 normal dexterity
- ☐ Limited to 2/3 normal dexterity ☐ No restrictions

B. Indicate how many hours the claimant can work per week based on the restrictions listed on this form or for other medical reasons.

- ☐ 0 to 17 hours ☐ 18 to 23 hours ☐ 24 to 29 hours ☐ 30 to 34 hours ☐ 35 or more hours

ADDITIONAL QUESTIONS FOR THE TREATING HEALTH CARE PROFESSIONAL TO ANSWER: (These questions may be answered here or you may attach documents. *Remember to sign and date this form.*)

ADDITIONAL COMMENTS BY THE TREATING HEALTH CARE PROFESSIONAL: (Any additional information may be provided here or you may attach documents. **Remember to sign and date this form.**)

CERTIFICATION IS REQUIRED. I hereby with full knowledge of the penalty of fine and / or imprisonment, as provided in §943.39 of the Wisconsin Statutes, that this report, together with any attached documents, truly and correctly sets forth the claimant's history, my findings, diagnosis and opinion.

Signature of Health Care Professional: _____

Printed Name: _____

Title _____

Phone number: (_____) _____

Date: _____

UNEMPLOYMENT INSURANCE (UI) DRUG REPORT: OBTAINING AND SEALING THE SPECIMEN

Name		Return to	
Social Security Number	Hearing No.		
Date Sent	Date Due	Phone Number	Fax Number

The purpose of this form is to resolve an UI eligibility claim for the above claimant. The information provided here will be shared with department personnel and the parties involved in the disputed claim.

1. What type of specimen was obtained? _____
2. What was the date and time the specimen was obtained? _____
3. What procedures were used to identify the claimant? _____

4. Did the claimant observe the specimen being sealed? ☐ Yes ☐ No
5. Did the claimant initial or sign the label on the specimen container? ☐ Yes ☐ No
6. Provide any other information concerning the specimen (its obtaining and/or handling). _____

CERTIFICATION is required by an individual who can attest to the accuracy of the information provided.

I hereby certify, with full knowledge of the penalty of fine and/or imprisonment, as provided in Section 943.39 of the Wisconsin Statutes, that this report, together with any attached documents, truly and correctly sets forth the above matters.

Signature _____
Printed Name _____
Title _____
Name of Laboratory or Clinic: _____
Address: _____
Phone Number (_____) _____ Date: _____

Supporting documents may be attached. However, you must still sign this form.

UNEMPLOYMENT INSURANCE (UI) DRUG REPORT: PERFORMING THE TEST ANALYSIS

Name		Return to	
Social Security Number	Hearing No.		
Date Sent	Date Due	Phone Number	Fax Number

The purpose of this form is to resolve an UI eligibility claim for the above claimant. The information provided here will be shared with department personnel and the parties involved in the disputed claim.

1. What was the chain of custody, i.e., handling of the specimen from the time it was received to the time the test(s) was completed? [Be specific as to the date, time and name(s).] _____

2. What type of specimen was tested? _____
3. What test(s) was conducted? _____
4. What procedure was used in conducting the test(s):
☐ The Department of Transportation's **Workplace Drug Testing Program** regulations, 49 CFR, part 40
☐ Other (be specific): _____

5. What was the result of the test(s)—please indicate exact reading, preferably in ng/mL? (You may attach laboratory test reports to answer this question. **However, you must still sign this form.**) _____

6. How long do the metabolites for the specific drug(s) identified remain in a person's system [i.e., how long are the specific drug(s) detectable after use]? _____

YOU MUST PROVIDE A COPY OF THE TESTING LABORATORY'S AND ANALYST'S CERTIFICATION AND/OR CREDENTIALS.

CERTIFICATION is required by an individual who can attest to the accuracy of the information provided.

I hereby certify, with full knowledge of the penalty of fine and/or imprisonment, as provided in Section 943.39 of the Wisconsin Statutes, that this report, together with any attached documents, truly and correctly sets forth the above findings.

Signature _____
Printed Name _____
Title _____
Name of Laboratory or Clinic: _____
Address: _____
Phone Number (_____) _____ Date: _____

THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK